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FSA-211
(11-25-14)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency – Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation – Risk Management Agency

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:

(1) _____ of the following address: (2) _____
_____ in the county of: (3) _____ in the State of:

(4) _____ the attorney -in-fact for (5) _____

(insert grantor’s name) in connection with the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit Corporation programs checked below. **NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.**

A. FSA, NRCS and CCC PROGRAMS

(Check applicable programs)

- 1. All current programs.
- 2. All current and all future programs.
- 3. Agricultural Risk Coverage/Price Loss Coverage (ARC/PLC).
- 4. Biomass Crop Assistance Program (BCAP).
- 5. Tree Assistance Program (TAP).
- 6. Livestock Indemnity Program (LIP).
- 7. Livestock Forage Disaster Program (LFP).
- 8. Emergency Assistance for Livestock Honey Bees, and Farm-Raised Fish (ELAP).
- 9. Noninsured Crop Disaster Assistance Program (NAP).
- 10. Marketing Assistance Loans and Loan Deficiency Payments.
- 11. Margin Protection Program for Dairy Producers (MPP/Dairy).
- 12. Farm Storage Facility Loan Program.
- 13. Conservation Reserve Program (CRP).
- 14. NRCS Conservation Programs.
- 15. Emergency Conservation Program (ECP).
- 16. Emergency Forest Restoration Program (EFRP).
- 17. Other (Specify): _____

B. TRANSACTIONS for FSA, NRCS, and CCC PROGRAMS

(Check applicable actions)

- 1. All actions.
- 2. Signing applications, agreements, and contracts.
- 3. Making reports.
- 4. Conducting all marketing assistance loan and LDP transactions.
- 5. AGI Certification.
- 6. Routing Banking Accounts.
- 7. Other (Specify): _____

This form may also be used to grant authority to an attorney-in-fact to act on the grantor’s behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY

(Enter “All” or specify each crop, state, county and year(s))

- 1. _____
- 2. _____
- 3. _____
- 4. _____

D. CROP INSURANCE TRANSACTIONS

(Check applicable actions)

- 1. All actions.
- 2. Making applications for insurance.
- 3. Reporting crop acreage and production reports.
- 4. Reporting a notice of damage or loss and making claim for indemnity.
- 5. Making transfers and cancellations.
- 6. Making contract changes.
- 7. Other (Specify): _____

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

AUTHORIZED SIGNATURES

6A. Signature of Grantor (Individual)	6B. Signature Date (MM-DD-YYYY)	6C. For Grantor’s Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/>
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date (MM-DD-YYYY)

8. Notary Public (this form shall be acknowledged by a notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature (a) _____ the state of (b) _____ the County of (c) _____

FOR FSA USE ONLY

9A. Witness Signature (FSA Employee Only)	9B. Signature Date (MM-DD-YYYY)	9C. Official Position
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10. This power of attorney was served to (a) _____ USDA Service Center,
State of (b) _____ and became effective this (c) _____ day of (d) _____, (e) _____.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.), the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to enable a producer (grantor) to appoint an individual/organization to serve as an attorney-in-fact (grantee) that is authorized to on behalf of the producer, conduct business with USDA concerning Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/FCIC-10, Policyholder. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs.

This information collection for FSA commodity and conservation programs in Titles I and II of the Agricultural Act of 2014 (Pub. L. 113-79) are exempt from the Paperwork Reduction Act (PRA) as specified in the Agricultural Act of 2014, Title I, Subtitle F, Administration, and Title II, Subtitle G, Funding Administration. For the EFRP, this information collection is exempted from the PRA, as specified in the Fiscal Year 2010 Supplemental Appropriations Act (Public L. 111-212). For the FSFL, this information collection is exempted from the PRA as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F-Administration).

For those FSA, CCC, and NRCS programs that are not exempt from PRA, FSA may not conduct or sponsor, and a person is not required to respond to a collection of information unless this collection of information has a valid OMB control number, which is 0560-0190 for this information collection, and the average time required to complete this information collection is 15 minutes per response. RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-6339 or (800) 945-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, fo and online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

This form is available electronically.

FSA-211A (11-25-14)	U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency – Natural Resources Conservation Service - Commodity Credit Corporation - Federal Crop Insurance Corporation – Risk Management Agency POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET	Attachment Pages of
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Attach to Form FSA-211

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RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.

1. Name of Attorney -In-Fact (Item (1) from FSA-211)	2. Name of Grantor (Item (5) from FSA-211)
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AUTHORIZED SIGNATURES

3A. Signature of Grantor (By)	3B. Title/Relationship of Individual Signing in the Representative Capacity	3C. Signature Date
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3D. Witness Signature (FSA Employee Only)	3E. Signature Date	3F. Official Position
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3G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ the State of _____ the County of _____

4A. Signature of Grantor (By)	4B. Title/Relationship of Individual Signing in the Representative Capacity	4C. Signature Date
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4D. Witness Signature (FSA Employee Only)	4E. Signature Date	4F. Official Position
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4G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ the State of _____ the County of _____

5A. Signature of Grantor (By)	5B. Title/Relationship of Individual Signing in the Representative Capacity	5C. Signature Date
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5D. Witness Signature (FSA Employee Only)	5E. Signature Date	5F. Official Position
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5G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
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6A. Signature of Grantor (By)	6B. Title/Relationship of Individual Signing in the Representative Capacity	6C. Signature Date
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6D. Witness Signature (FSA Employee Only)	6E. Signature Date	6F. Official Position
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6G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ the State of _____ the County of _____

7A. Signature of Grantor (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date
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7D. Witness Signature (FSA Employee Only)	7E. Signature Date	7F. Official Position
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7G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
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